

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>1986</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2002</u> Through: <u>12</u> / <u>31</u> / <u>2002</u>
3. Name and address of person filing. Name <u>EDWARD</u> <u>CORYELL</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1803 SPRING GARDEN STREET</u> City <u>PHILADELPHIA</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19130</u>	4. Name, file number, and address of labor organization. Name <u>METROPOLITAN REGIONAL COUNCIL OF CARPENTERS</u> Labor Organization File Number <u>006-173</u> P.O. Box, Building and Room Number, if any _____ Street <u>1803 SPRING GARDEN STREET</u> City <u>PHILADELPHIA</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19130</u>
5. Position in labor organization. <u>EXECUTIVE SECRETARY-TREAS/BUS. MGR</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Edward Coryell

On

3-23-05

Date

215-569-1634

Telephone Number

Name	INDEPENDENCE BLUE CROSS		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	1901 MARKET STREET		
City	PHILADELPHIA		
State	Pennsylvania	ZIP Code + 4	19103

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.			
Name	CARPENTERS HEALTH AND WELFARE FUND		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	1807 SPRING GARDEN STREET		
City	PHILADELPHIA		
State	Pennsylvania	ZIP Code + 4	19130

11.a. Nature of such dealing.	
THE CARPERENTERS HEALTH AND WELFARE FUND HAS AN INSURANCE CONTRACT WITH INDEPENDENCE BLUE CROSS TO PROVIDE HEALTH BENEFITS TO ITS MEMBERS.	
11.b. Approximate dollar value of such dealing.	\$20,851,000
12.a. Nature of interest held or income received.	
DIRECTOR'S FEES AND FEES FOR ATTENDING MEETINGS - \$11,800.	
12.b. Amount.	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	ZIP Code + 4
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	
14.a. Nature of payment.	
14.b. Amount of payment.	